



COMPOSITE HEALTH CARE SYSTEM

“People, Process and Technology...”

**Data Quality Management Control Program
TRICARE Data Quality Course**

January 2012



Agenda

- **Part 1 - CHCS - Essential Elements...**
 - Information Resources
 - Data Quality Building Blocks
 - CHCS Support for Data Quality
 - CHCS Visit Workload Reporting
 - Managing Data Quality in CHCS
- **Part 2 - Ambulatory Data Module (ADM)**
 - CHCS-ADM/AHLTA Data Updates
 - Business Rules & Data Checks



Brief Notes:

- Hyperlinks can only be accessed from Slideshow Mode
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!



Objectives

- **Highlight:**
 - CHCS “Essential Elements”
 - Features and Business Rules
 - DEERS, CHCS and AHTLA Data flows
 - Challenges and Opportunities
- **Share MTF experiences:**
 - Staff Responsibilities
 - Data Quality Committee and Assessment Team
- **Provide background notes for reference**



Womack Army Medical Center

Your Data Is Showing ...

WEB SITE	LINK (Verified January 2012)
TRICARE Operations Center <ul style="list-style-type: none">▪ Access to Care Template Analysis▪ Enrollment Status Reports	http://mytoc.tma.osd.mil/Front_pageA.html (Internet Explorer 6.0) http://mytoc.tma.osd.mil/home.html
CarePoint MHS Population Health Portal (As of Jan 2011) <ul style="list-style-type: none">▪ HEDIS Measures/Action Lists/Disease Prevalence▪ Medical Home Exclusion Entries	https://carepoint.afms.mil
CarePoint Healthcare Applications (As of Jan 2011) <ul style="list-style-type: none">▪ Patient Summary, Peer Review and ProActive Patient Mgmt▪ Wellness Reminder Checks, Referral Management Tracking	Contact your MTF Information Management for Internet Link
Data Quality Management Control Program <ul style="list-style-type: none">▪ Data Quality Metrics▪ Document Library and Training	http://www.tricare.mil/ocfo/mcfs/dqmcp/metrics_reports.cfm Course Briefs will be posted for Download
AKO (Access Knowledge Center) <ul style="list-style-type: none">▪ OTSG/MEDCOM TRICARE Division▪ Portal to Access Measures and Download Files	https://www.us.army.mil/suite/page/336433
Army PASBA (CAC Log-In) <ul style="list-style-type: none">▪ Coding VTC Presentations▪ On-Line Applications (Coding, RVU and Provider Productivity)	https://pasba3.amedd.army.mil/login/login.fcc
Air Force Vector Check Data Quality Home Page <ul style="list-style-type: none">▪ AF DQM's Resources, Answers and Support	https://vc.afms.mil/AFMOA/SGA/SGAR/SGARDQ/
MEBDS/MEWAGS	http://www.afmcc.af.mil/afmcc/afmcc.htm



Womack Army Medical Center

Web-Based Training Resources

WEB SITE	LINK (Verified September 2012)
CHCS/AHLTA Scheduled Classes <ul style="list-style-type: none">▪ Scheduled Instructor Lead Classes▪ Various CHCS Sub-Systems▪ CHCS Ad-Hoc and File/Table▪ AHLTA Features & Troubleshooting▪ 62 Classes scheduled for February 2012	https://fieldservices2.saic.com/Report.aspx?Id=506
CarePoint Application Suite (.com/.net Accessible) <ul style="list-style-type: none">▪ Computer Based Training - Video Tutorials▪ CarePoint Community▪ DCO Virtual Classroom Schedule	http://www.afchas.com/community/pages/homepage.html
UBO Learning Center: Web-Based Training <ul style="list-style-type: none">▪ Patient Category Finder Tool▪ Webinars and Downloads	http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm
Chandoo Dashboards <ul style="list-style-type: none">▪ Learn to be “Awesome” with Excel▪ Excel Tips & Blog▪ Charts & Data Visualization Techniques	http://chandoo.org/wp/
Contextures <ul style="list-style-type: none">▪ Excel Tips & Blog▪ Extensive Download Library (Templates & Macros)	http://www.contextures.com/tiptech.html



DQ Steps 1-2-3...

1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:

- CHCS Virtual Classroom or Scheduled Training Options
- PASBA Coding VTC (Click on Coding->Coding VTC)

2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum

3. Understand your MTF Business Processes:

- Provider/Staff In/Out-Processing
- CHCS/AHLTA Support and Training Team
- Coding Support and Provider Feedback
- Performance Plan Targets/Balanced Scorecard Objectives Initiatives
- Special Programs
 - Warrior Transition Battalion
 - Case Management
 - Traumatic Brain Injury Clinic



Virtual Classroom

SAIC CIO-SP2i Doc. CI-AHCH-8000-1A

11 Jan 2011

* Schedule: AHLTA/CHS Virtual Classroom (VC) Course Offerings – FEBRUARY 2012

Note: Dial audio code then the passcode listed in (parenthesis) for the class.

All courses that do not have at least one student enrolled a minimum of 24 hrs. prior to the course start will be cancelled.

Location	Time													
East Coast	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100
Central	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000
West Coast	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800
Ctrl Euro	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300
Japan +1 day	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100
FEB 6							Lab File/Table 1 877.988.7690 (7768528#)	AHLTA HIPAA 877.922.0788 (9492974#)						
FEB 7		Int Ad Hoc II 877.988.7690 (7768528#)		RAD Trans 877.922.0788 (9492974#)			Int Ad Hoc II 877.988.7690 (7768528#)							
		Consult Trk 866.705.4142 (8961519#)						AHLTA Admin 1-1 877.922.0788 (9492974#)						
FEB 8					RAD F/T 1 877.922.0788 (9492974#)		Lab File/Table 2 877.988.7690 (7768528#)		PAS Schedules 866.705.4142 (8961519#)					
FEB 9		Int Ad Hoc III 877.988.7690 (7768528#)			RAD F/T 2 877.922.0788 (9492974#)		Int Ad Hoc III 877.988.7690 (7768528#)		AHLTA UA 866.705.4142 (8961519#)					
FEB 10		AHLTA ADM F/T 877.922.0788 (9492974#)		AHLTA Pt Ques 877.988.7690 (7768528#)			Lab File/Table 3 866.705.4142 (8961519#)							



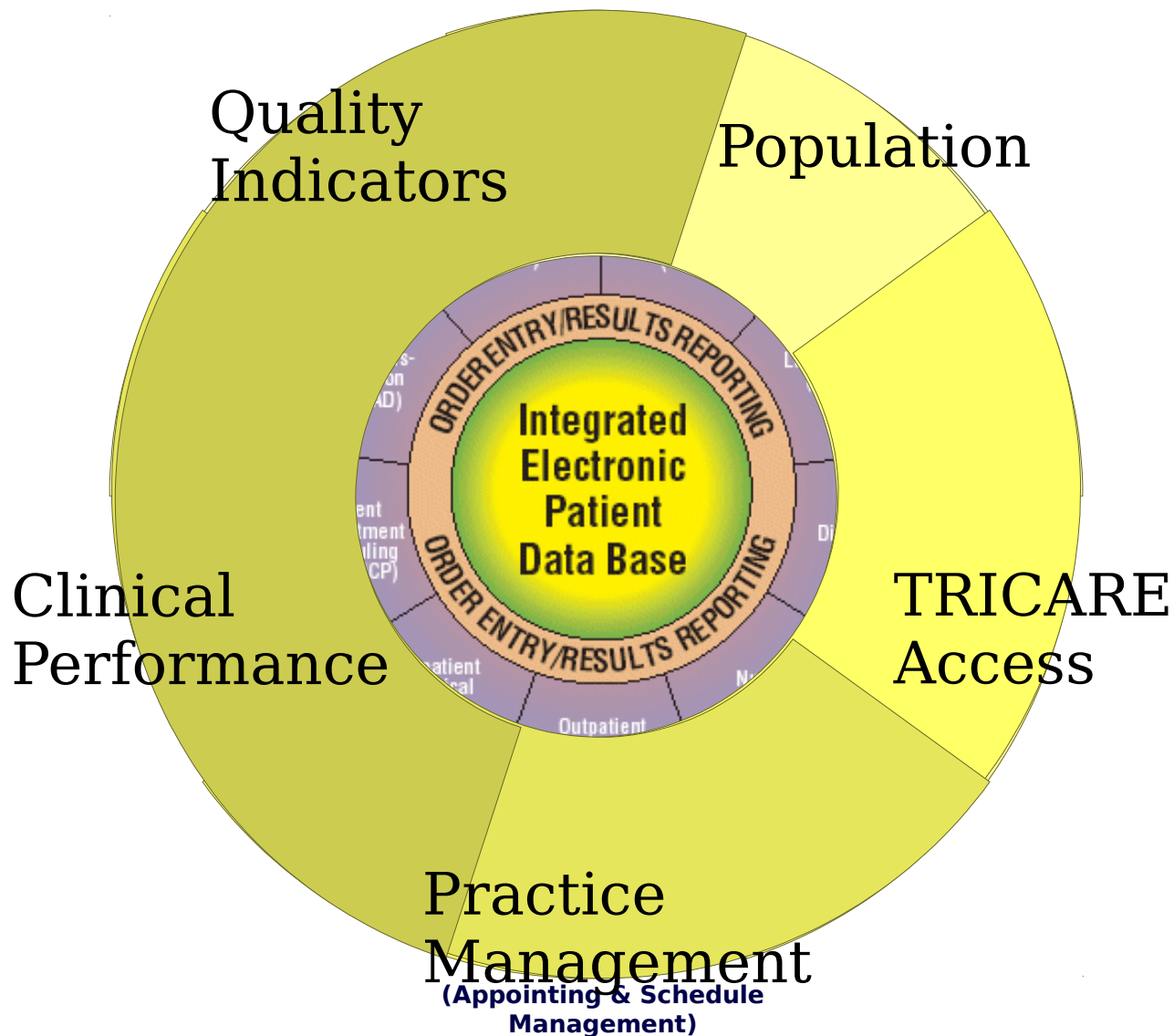
Why the Focus?

- **Since 1992, CHCS continues to be the primary clinical application and data source for the Military Health System (MHS) World-Wide to:**
 - **Capture and report services provided (Outpatient and Inpatient)**
 - **Measure productivity/efficiency**
 - **Forecast demand for services**
 - **Establish performance benchmarks**
 - **Identify trends and utilization**
 - **Assess and improve quality of**
 - Access to Care
 - Standard of Care
 - Prescription Drug Alerts
 - Population Health/Wellness
 - Military Related Illness/Injuries
 - Outcomes
 - Research





Data Capabilities





Capabilities

- **Interfaces with numerous Clinical & Administrative systems:**
 - AHLTA - Department of Defense (DoD) Electronic Health Record (EHR)
 - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
 - Resources - Expense Assignment System (EAS)
 - Billing - Third Party Outpatient Collections System (TPOCS)/Medical Services Accounting
 - Pharmacy - Pharmacy Data Transaction System (PDTS)
 - Operations - CarePoint Healthcare Applications Suite (CHAS)
- **Standard tables for data consistency:**
 - ICD-9-CM/ICD-9-PCS (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
 - CPT/HCPCS (Outpatient Procedures and Services/Supplies)
 - Provider Medical Specialty->HIPAA Provider Taxonomy
 - CHAMPUS Maximum Allowable Charge (CMAC-OIB) Table
 - Federal and DoD standard Tables
- **Site defined files and tables for MTF operations**
- **Standard and “Ad-Hoc” reporting capabilities**





A Day at Womack AMC...



TRICARE Prime/Plus Enrollees
114,217

***Outpatient Clinic Visits 4,043**

Babies Born 9

Beds Occupied 94

Surgical Procedures 29

X-rays, CT Scans and MRI's
848

Pathology Procedures 2,630

Prescriptions Filled 7,019

ER Visits 200

Data Source: CHCS FY-11

*** CHCS - Worldwide Workload Report**



Percent Compliant by Service (extract from TMA Summary Sheet)



It Takes A Team!

- **Service Data Quality Point of Contact**
- **Regional Data Quality Coordinator**
- **MTF Data Quality Manager**
- **Data Quality Assessment Team**
- **Data Quality Committee**
- **Information Management**
 - Training, Security, Access, Database Admin...
- **Coding Staff/Auditors**
- **Clinic Administrators**
- **All Staff!**

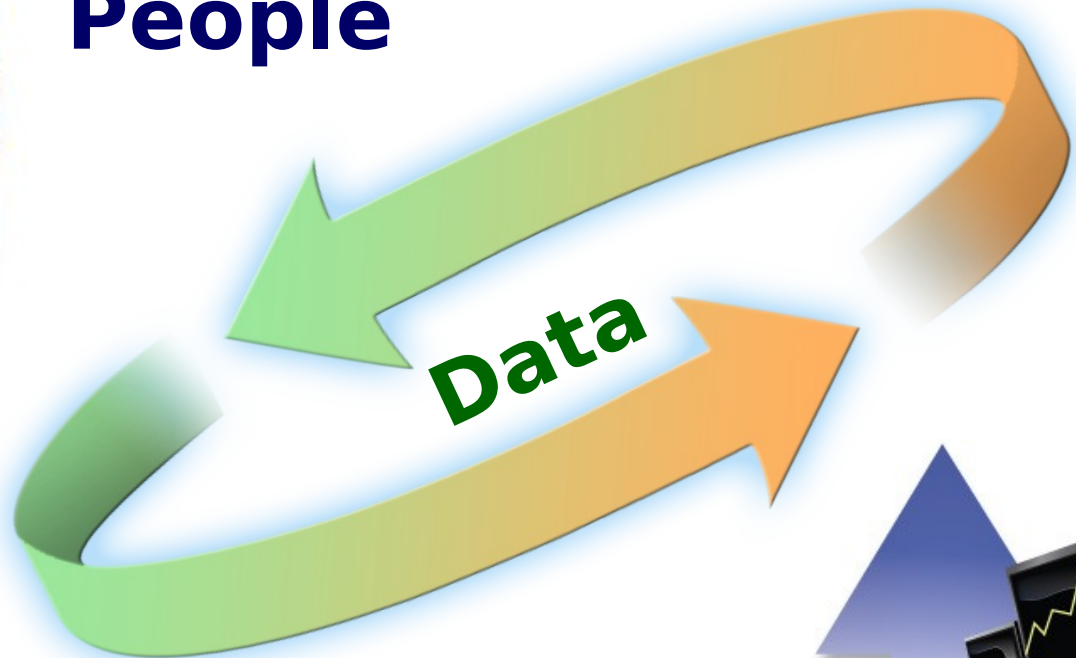
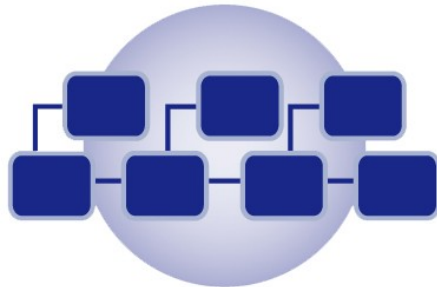


Data Quality Management



People

Process

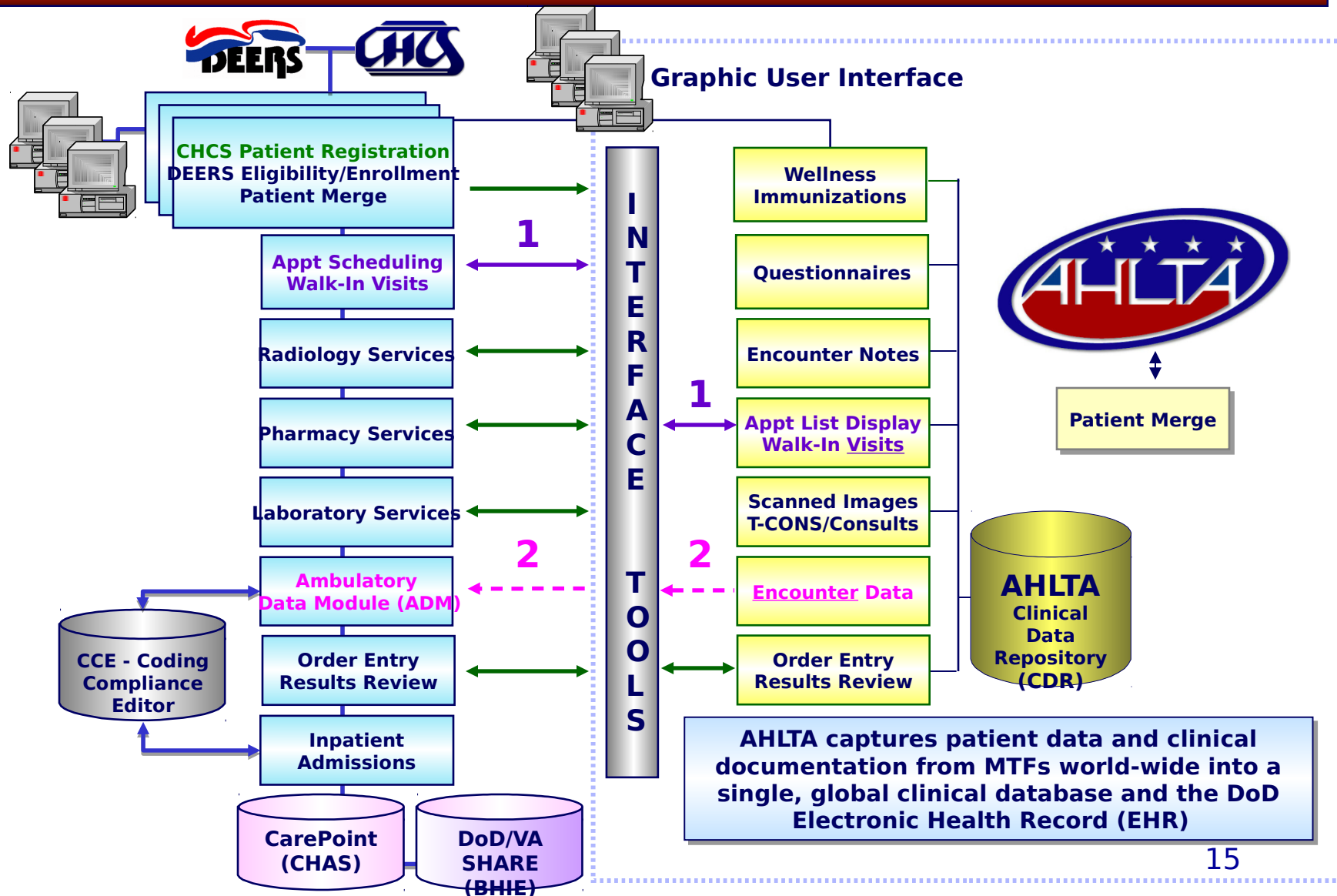


**Technolo
gy**



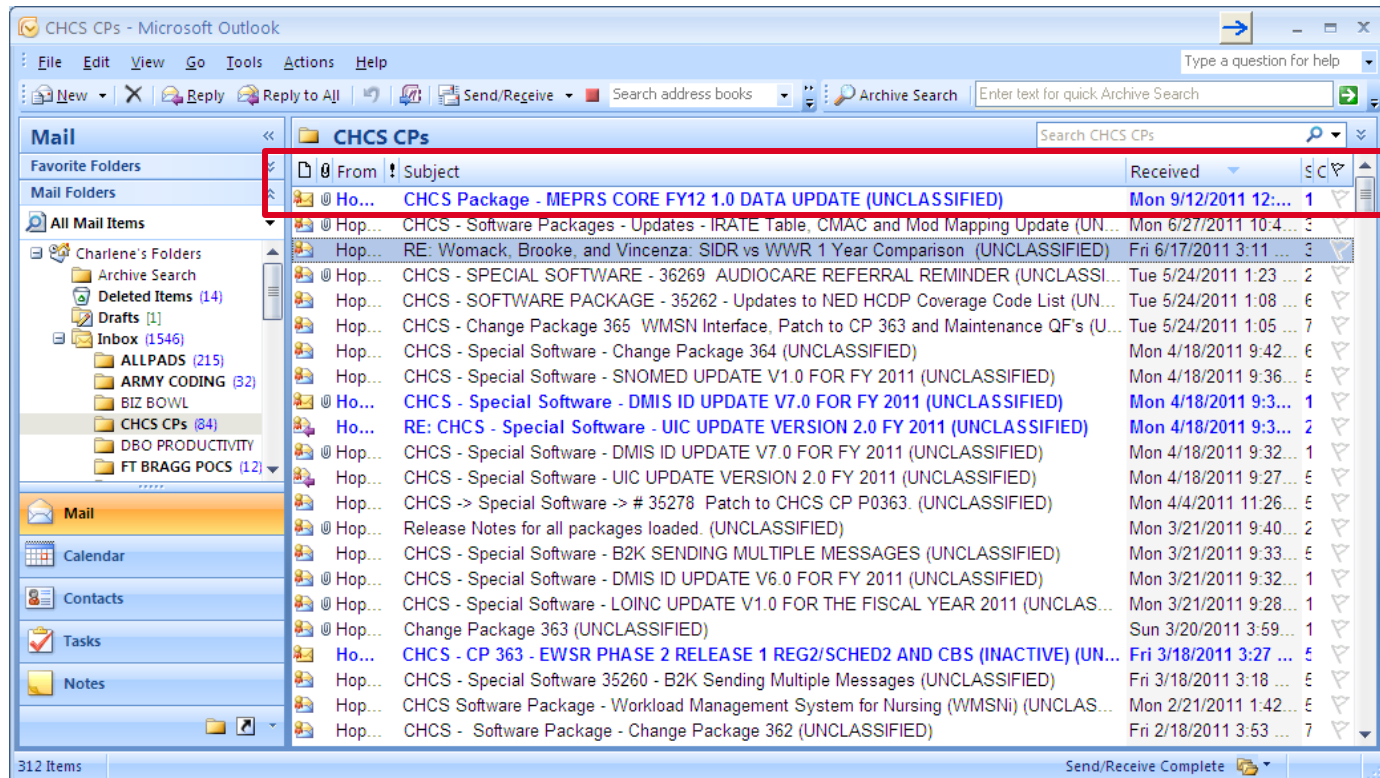


Integrated Capabilities





Update/Change Process



- **Periodic Software Updates include:**

- **Special Software (SS) to update Standard Files such as:**

- Defense Medical Information System (DMIS ID), Unit Identification Codes (UIC), ICD-9-CM/ICD-9-PCS and CPT/HCPCS Codes, MEPRS Core, Pharmacy, Billing Rate Tables, Zip Codes, etc.

- **CHCS Change Package (CP) updates:**

- Bug "Quick" Fixes and Minor changes

- Must be installed by Systems Staff in sequence to ensure Configuration Management



Building Data Quality

- **MTF Managed Files**

- **Users**
- **Patients/Enrollment**
- **Providers**
- **Hospital/Clinic Locations**
- **Clinic Schedules**
- **Patient Appointments**
- **Pharmacy Files**
- **Laboratory Files**
- **Radiology Files**
- **Ancillary Procedures**

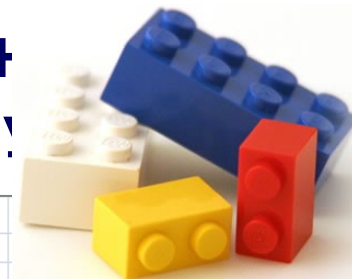




MTF Managed Files

1. User File

- Who is authorized to access CHCS/AF
- Access levels defined by Security Key



FY-12 CHC Weekly Update										
As of 17 Jan @ 0400										
MONTH	Jan-12									
FCC	(All)	< SELECT								
STATUS OF PATIENT	(All)	< SELECT								
Appointment Distribution	APPT_STATUS									
APPT_BOOKED_BY	CANCEL	KEPT	LWOBS	NO-SHOW	OCC-SVC	ENDING	S-CALL	TEL-CON	WALK-IN	Grand Total
MIDTIER,BRAGG	58		11		155		2	897	541	1,664
	78	442	1	30		54				605
	64	334		19		34				451
	51	271	1	18		26				367
	16	208		11		8			1	244
	26	153		6		15				200
	26	87		15		12				140
	31	82	1	15		10				139
TRICAREONLINE,USER	30	80	1	6		11				128
	9	86		8		1				104
	23	46		7		11				87
	14	64		2		3				83



MTF Managed Files

2. Patient File

- Unique identification of persons in the CHCS database
- Registration in the CHCS “Host” Database is required for the patient to be processed in AHITA as a WALK-IN or T-CON Essentris

Select PAD System Menu Option: ROM Registration Options Menu

FRG	Full Registration
MRG	Mini Registration
JRG	John Doe Registration
NHR	Non-Human Specimen Registration
ALG	Patient Allergy Information
VRG	View Registration Information
FPN	Former Patient Name
DER	DEERS Eligibility Request
ROUT	Registration Output Menu

Select Registration Options Menu Option: MRG

- Full Registration is required for Inpatient Admissions
- John Doe Registrations need to be updated to the correct patient



MTF Managed Files

3. Provider File

- Includes both Direct Care and External Civilian Providers
- Medical Specialty->HIPAA Taxonomy
- National Provider ID (NPI)
- Clinical Order Entry Access/Approval Authority

HCP Pivot Summary							
14-Dec-11							
Flag	PROVIDER						
Count of HCP ID							Pull Date
HCP_IDEN	HCP ID	SPECIALTY CODE_DESC	Class	EDI_PN	TAXONOMY	Dec-11	
33197	AGNEKERRE	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1274770070	207Q00000X	1	
33394	AGNEROBEN	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1250142150	207P00000X	1	
30490	ANAYASAMU	(007) FAM PRAC RESIDENT/INTERN W/O L	RESIDENT	1130054362	390200000X	1	
23869	ANTHME	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1275220511	207Q00000X	1	
30807	ARNETTMIC	(011) INTERNIST	INTERNIST	1240436406	207R00000X	1	
32017	ARNOMICHI	(007) FAM PRAC RESIDENT/INTERN W/O L	RESIDENT	1073056124	390200000X	1	
33893	ARTIMARIC	(000) GENERAL MEDICAL OFFICER	GENERAL MEDICAL OFFICER	1286926653	208D00000X	1	
29091	ATKJUSTM	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1275823917	207Q00000X	1	
20648	AUGUJE	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1273264996	207Q00000X	1	
31105	AWANTANGN	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1258644561	207Q00000X	1	
20190	AZUBFI	(000) GENERAL MEDICAL OFFICER	PEDIATRICIAN	1117824221	208000000X	1	
22671	BAILAN	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1269639306	207Q00000X	1	
33267	BANDMICHL	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1390043380	207Q00000X	1	
27081	BAPTK	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1287951775	207Q00000X	1	
24267	BARSTOWC	(001) FAMILY PRACTICE PHYSICIAN	RESIDENT	1021508965	207Q00000X	1	
16404	BATTKE	(001) FAMILY PRACTICE PHYSICIAN	PHYSICIAN	1048654106	207Q00000X	1	
33222	BEARBROOC	(000) GENERAL MEDICAL OFFICER	GENERAL MEDICAL OFFICER	1265365830	208D00000X	1	
26018	BELPREZM	(001) FAMILY PRACTICE PHYSICIAN	FAMILY PRACTICE PHYSICIAN	1245296580	207Q00000X	1	
35300	BENNENF	(007) FAM PRAC RESIDENT/INTERN W/O L	RESIDENT	1362781295	390200000X	1	
22602	BERGAT	(000) GENERAL MEDICAL OFFICER	GENERAL MEDICAL OFFICER	1054955398	208D00000X	1	



MTF Managed Files

4. Hospital/Clinic Location File

- Identifies types of Services provided and where they are performed:
 - Inpatient Wards, Ambulatory Procedure Units (APUs), Outpatient Clinics, Ancillary Services Locations (LAB, RAD and Rx), Admin Areas/File Rooms, etc.
- Linked to Functional Cost Codes (FCC) and Defense Medical Information System (DMIS) ID

FY-12 CHC Weekly Update As of 17 Jan @ 0400

HCP

< SELECT

HCP_SIG

1 = RN/TECH

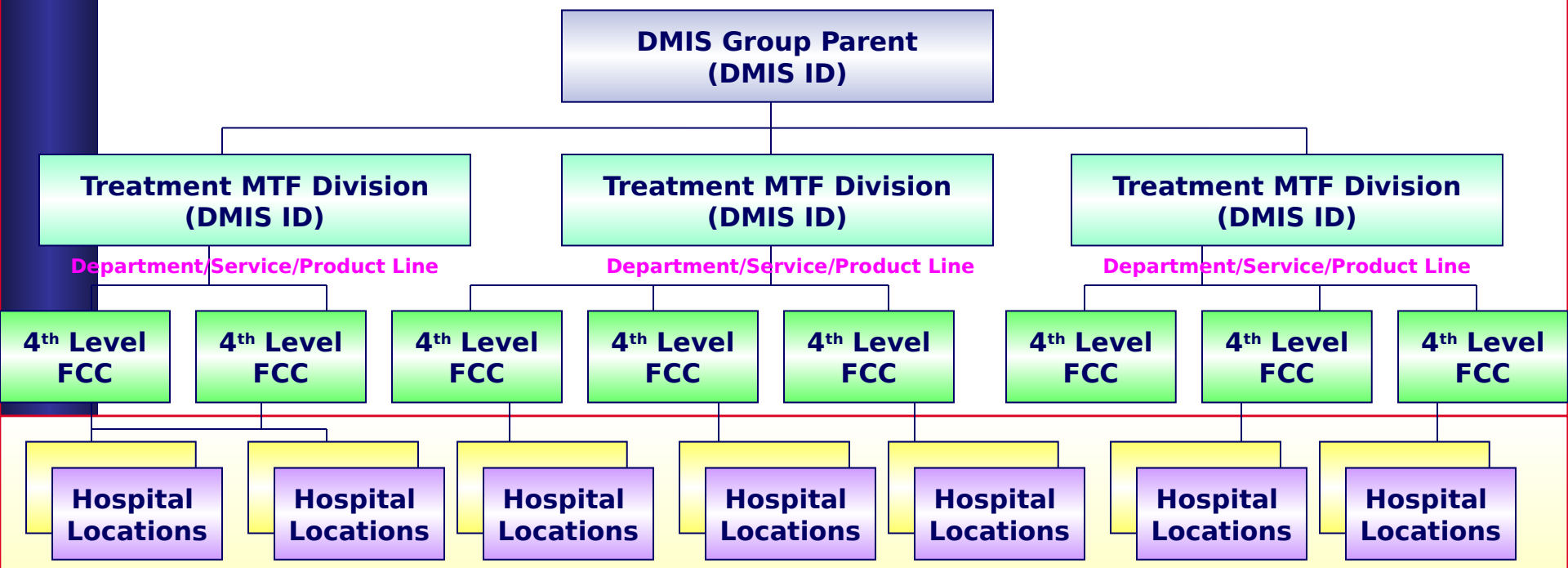
STATUS OF PATIENT

< SELECT

Appointment Distribution		MONTH	Oct-11	Nov-11	Dec-11	Jan-12	Grand Total
FCC	CLINIC_DOC	PPT_STATUS					
BGA1	CHC-TEAM ADMIRATION	KEPT	1,055	1,044	954	500	3,553
		WALK-IN	69	40	43	14	166
	CHC-TEAM BRAVERY	KEPT	858	729	909	509	3,005
		S-CALL		4		1	5
	CHC-TEAM CONFIDENCE	WALK-IN	56	25	28	14	123
		KEPT	1,001	931	790	448	3,170
		S-CALL	11	7	14	1	33
		WALK-IN	34	44	48	36	162
	CHC-TEAM DEVOTION	KEPT	941	836	836	356	2,969
		WALK-IN	7	10		1	18
	CHC-TEAM ENDURANCE	KEPT	688	805	952	454	2,899
		WALK-IN	28	31	28	68	155
CHC-TEAM FREEDOM	KEPT	875	763	834	466	2,938	
	WALK-IN	48	16	10	8	82	
Grand Total			5,671	5,285	5,446	2,876	19,278



Locations - “Linked In”



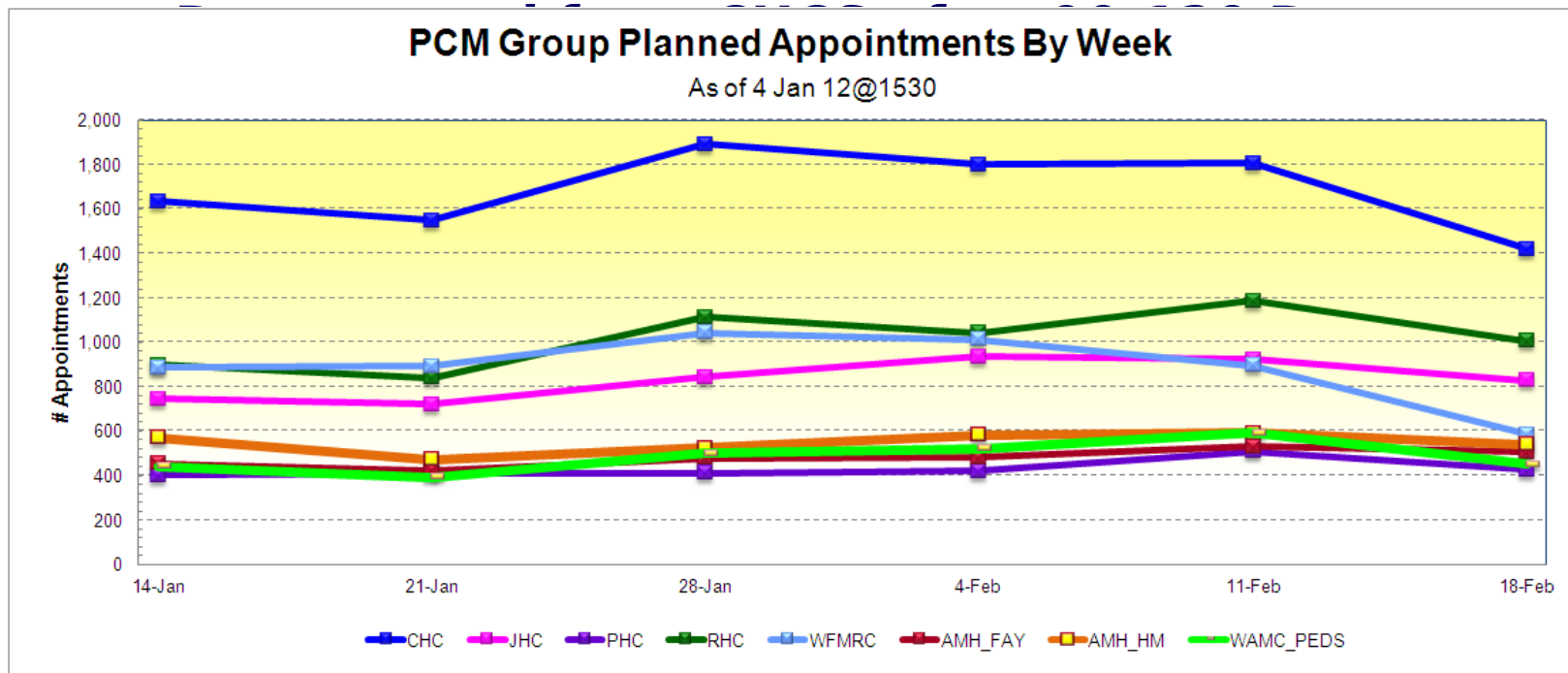
- **MTF Organizational Elements used for Workload Capture and Reporting by:**
 - Group Parent Defense Medical Information System ID (DMIS ID)
 - Treatment MTF DMIS ID
 - 4th Level MEPRS Code - Functional Cost Code (FCC)
 - Hospital Location
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
 - Managed Care (Primary Care Manager) Teams
 - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.



More Key Files...

5. Schedule Entity File

- Holds Schedule Templates for Clinic Appointments
- Review Future Schedules - Next 45 Days





More Key Files...

6. Patient Appointment File

- Contains Clinic Visits, Ambulatory Procedure Visits (APVs), Attending RNDS* and Radiology (RAD*)
- Sends Scheduled Appointments and Walk-Ins to AHLTA
- Captures key elements needed for Workload Reporting

FY-12 CHC Weekly Update										
As of 17 Jan 2012										
MONTH	Jan 12	< SELECT								
HCP	(All)	< SELECT								
HCP_SIG	(All)	1 = RN/TECH								
SPEC_TYPE	(All)	< SELECT								
			2,890	21	198	155	290	2	898	5,604
Appt Summary										
CLINIC_LOC	FCC	STATUS	CANCEL	KEPT	LWOBS	NO-SHOW	OCC-SVC	PENDING	S-CALL	TEL-CON
CHC-TEAM ADMIRATION	BGAI		143	509	14	41	21	53		146
CHC-TEAM BRAVERY	BGAI		511		1	29	45	46	1	179
CHC-TEAM CONFIDENCE	BGAI		63	472	2	26	19	41	1	134
CHC-TEAM DEVOTION	BGAI		116	369	1	25	24	31		93
			114	515	3	40	7	53		106
			87	492		35	39	60		159
			8							79
			5	22		2		6		2
			608	2,890	21	198	155	290	2	898
										542
										5,604

Appointment Status updated in either AHLTA or CHCS, upon Check-In or End of Day Processing reconciliation



More Key Files...

- Patient Appointment File (continued)**

# Appts									
MONTH	Jan-12	< SELECT							
HCP	(All)	< SELECT							
FCC	(All)	< SELECT							
HCP_SIG	(All)	< SELECT							
APPT_STATUS	NO-SHOW								
Appt Totals	TYPE								
CLINIC_LOC	ACUT	EST	GRP	PCM	PROC	ROUT	WELL	Grand Total	
CHC-TEAM ADMIRATION	5	10	1		1	6	18	41	
CHC-TEAM BRAVERY	2	16				7	4	29	
CHC-TEAM CONFIDENCE	3	8			2	7	6	26	
CHC-TEAM DEVOTION	7	7			1	3	7	25	
CHC-TEAM ENDURANCE	6	7	5			2	16	40	
CHC-TEAM FREEDOM	5	13				8	9	35	
FLIGHT MED/CLARK								2	
Grand Total	28			4	4	33	60	198	

- Appointment Type is established in the Clinic Profile and added to the Provider Profile to create Schedule Templates
- Appointment Types with a \$ (Dollar Sign) indicate MTF Book Only
- Appointment Types should Match Access To Care



ADMIN Appointment Status

[Click here to Download Data](#)

CHCS Appointment Activity Tool

Current Path: NRMCM

Dates for Appointments on: 1/16/2012

Other Reports

[AAT Report by Region](#)

Data Level: [MHS Level View](#) [Branch Level](#)

COMMAND	PENDING	KEPT	FAC CANC	PAT CANC	NO SHOW	WALK IN	SICK CALL	TEL CON	LWOBS	Admin
NRMCM	19	147,992	12,426	26,938	12,414	89,568	1,540	41,923	720	787
View detailed 35 Days by Status for NRMCM										
View detailed 35 Days by Type for NRMCM										

FACILITY	PENDING	KEPT	FAC CANC	PAT CANC	NO SHOW	WALK IN	SICK CALL	TEL CON	LWOBS	Admin
(0037) WALTER REED ARMY MEDICAL CENTER	0	55	60	28	0	985	0	501	0	1
(0061) IRELAND ACH	1	19,693	2,735	3,539	1,799		1	4,249	76	345
(0069) KIMBROUGH AMBULATORY CARE CENTER	1	11,102	1,005	2,223		4,953	33	4,267	57	12
(0086) KELLER ACH	4	4,225			2	4,197	4	1,277	10	13
						3	210	8,568	240	261
							0	2,339	47	2

- ADMIN Appointment Status indicates an Ooops, such as a duplicate Appointment
- Tracking ADMIN Appointments can identify possible User/Process issues



Ooops...

- **Oh No!... The Wrong Patient was Checked-In, in AHLTA**
 - Unfortunately there is currently no Undo
 - **What to Do??**
 - First - use AHLTA to Locate the patient that was Checked-In in error and update to Facility Cancel (In AHLTA)
 - Use CHCS End of Day (EOD) and locate the Patient Appointment and change the Facility Cancel to
- It is understood that the CHCS and AHLTA Appointment Status will not match
 - CHCS is the Source System of Record for all Appointment/Visit for TRICARE Operations Center and Workload Reporting
 - Limit changing the Visit to an ADMIN Visit to current date. If encounter is coded and later changed to ADMIN, this will result in an ADM Encounter Error.



- **Captures encounter Diagnosis and Procedure Coding**
 - Outpatient, APV and Inpatient Attending Provider RNDs*

Source: Ad-Hoc CHCS Patient Appointment and Ambulatory Data Module



Clinic Profile

- **Establishes Workload Type for the Clinic:**
 - COUNT
 - NON-COUNT
- **NON-COUNT Locations cannot have COUNT Visits:**
 - Special Programs
 - Nurse Clinics
- **Identifies Appointment Types for the Clinic Location:**
 - COUNT (ACUT, WELL, ROUT, EROOM, RNDS*, T-CON*, etc.)
 - NON-COUNT (RNDS*)
 - NON-COUNT (RN T-CON*)
- **AHLTA supports the Workload Flag set by CHCS by:**
 - Clinic Type
 - Appointment Types within the Provider Profile (PPRO^)
 - Fix included in AHLTA 3.3 SP1 to address NON-COUNT Workload, when AHLTA Encounter is Amended





Clinic Profile (^CPRO)

CLINIC PROFILE

Hospital Location: WFM-TEAM INTEGRITY

Name: WFM-TEAM INTEGRITY
Abbreviation: INTEGR
Facility: WOMACK ARMY MEDICAL CENTER
Division: WOMACK AMC FT BRAGG NC
Building Name: WOMACK ARMY MEDICAL CENTER
Building Number: 42817
Street Address: REILLY ROAD
ZIP: 28310
City: FORT BRAGG
State: NORTH CAROLINA
Clinic Location: 1ST FLOOR,CLINIC WING
Clinic Availability:
Telephone: 910-907-6451
Enrollee Lockout: NO
Type of Care:
Service: FAMILY PRACTICE SERVICES
Department: FAMILY PRACTICE DEPT
→ MEPRS Code: BGAA

- **CHCS Patient Appointment/Managed Care Program (PAS/MCP) Menu Option**
- **Normally managed by Clinic Staff**



Clinic Profile (^CPRO)

CLINIC PROFILE

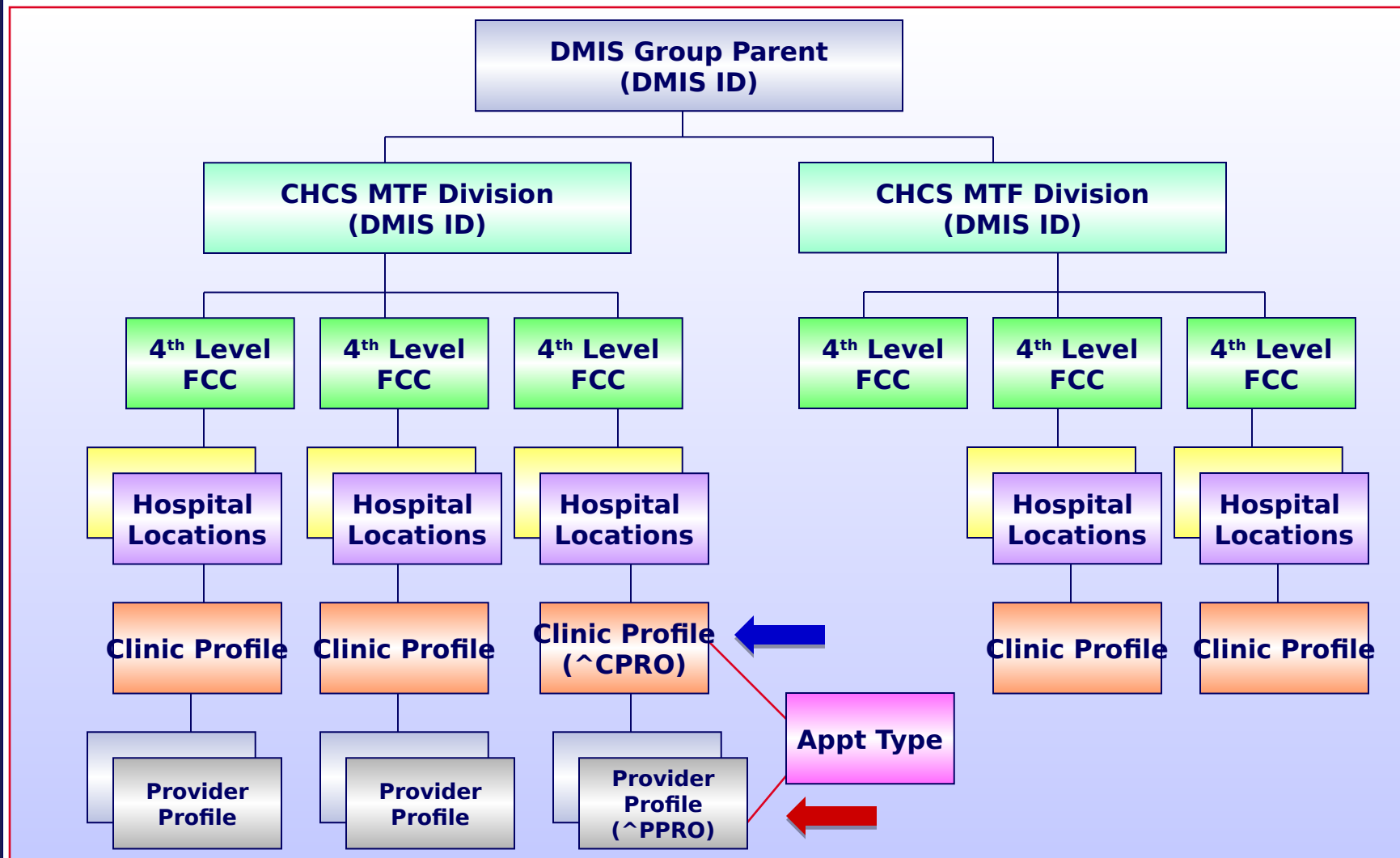
HOSPITAL LOCATION: WFM-TEAM INTEGRITY

Wait List Activated:	YES	Maximum Wait List Days:	200 day(s)
Wait List Provider Mandatory:	YES	Wait List Hold Duration:	200 day(s)
Auto Wait List Processing:	YES	Schedule Hold Duration:	30 day(s)
Prompt for Requesting Service:	NO	Patient Record Pull:	1 day(s)
→ Clinic Type:	COUNT	Radiology Record Pull:	0 day(s)
Check Holiday File:	YES	Roster Production:	4 day(s)
Cost Pool Code:		Prepare Reminder Notice:	4 day(s)
Activation Status:	ACTIVATED	Available Schedule:	10 day(s)
Access to Care Reporting:	YES		
Self-Referrals Allowed:	YES		
Clinic Appt Instructions:			





Linking It All Together



Provider Profile identifies Clinic Locations where the Provider sees Patients and valid Appointment Types 32



Time to Break...





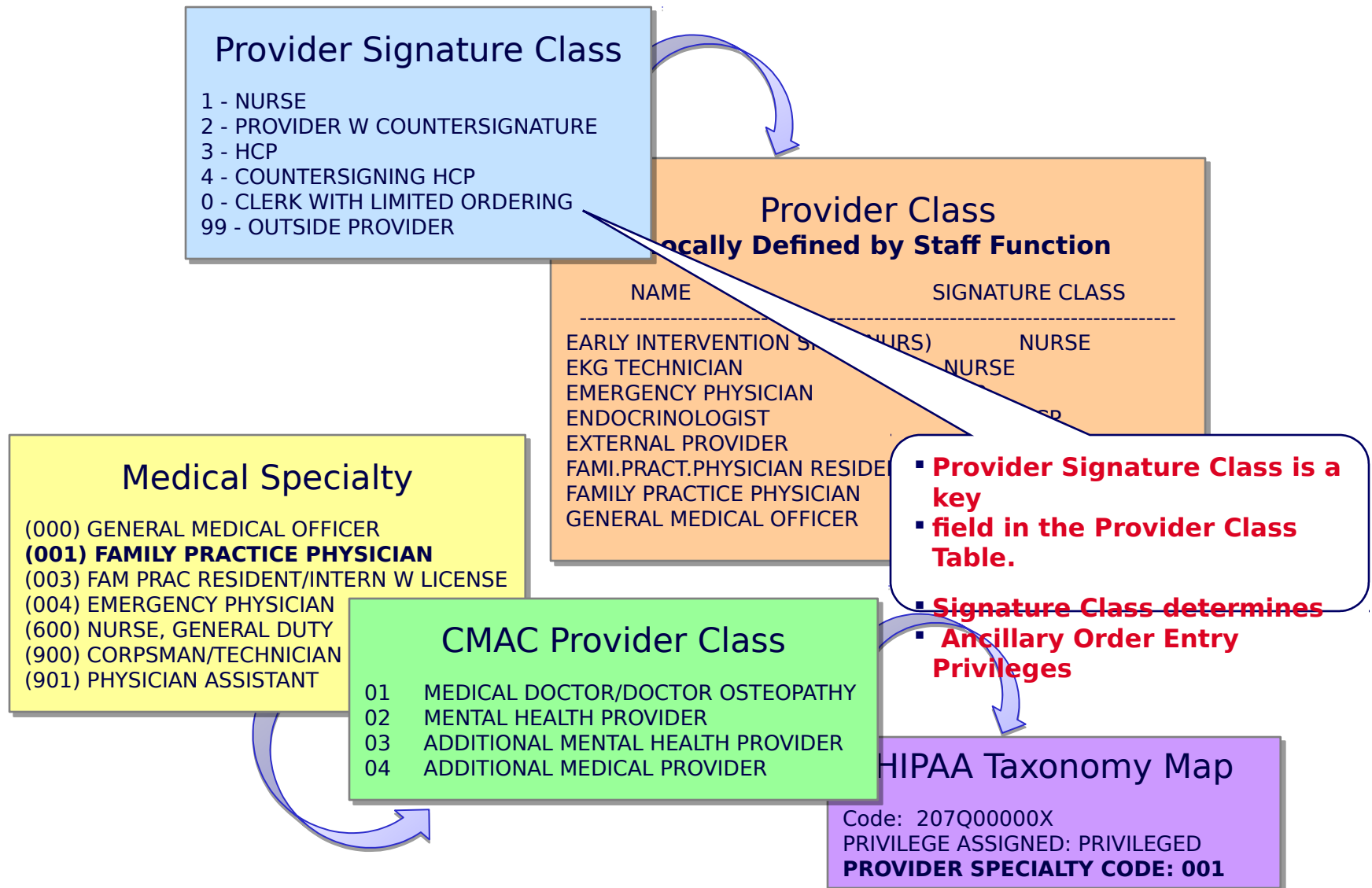
Provider File Elements

- **Provider ID (Short Name)**
 - Typically 5 characters of Last Name plus 1-2 Characters of First Name
 - DO NOT include any portion of the Provider SSN
- **National Provider ID (NPI)**
 - Standard unique identifier for health care providers
- **Provider Class**
 - Locally defined Provider Type
 - Physician, Resident, Pharmacist, Clinical Nurse, Student, Technician, etc.
- **Provider Signature Class**
 - Establishes Provider Privileges for Ancillary Order Entry
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
 - CHAMPUS Maximum Allowable Charge (CMAC) Class used to calculate billing rate for Outpatient Itemized Billing
 - Multiple Specialties and HIPAA Taxonomies may be assigned
- **Active AHLTA Account (Yes/No)**





Provider File Maps





Provider File Details

NAME: PROVIDER,WAMC SEX: FEMALE DOB: NN Au
PROVIDER FLAG: PROVIDER INITIALS: BJP TITL
SSN: NNN-NN-NNNN RANK: CIVILIAN BRAN
SALUTATION: PHYSICIAN ASSISTANT
SIGNATURE BLOCK: PROVIDER,WAMC, PA-C
CLASS: PHYSICIAN ASSISTANT
PROVIDER ID: PROVIDERJ HCP SIDR-ID: 007133
PRIMARY HIPAA TAXONOMY: 390200000X EDI_PN: NNNNNNNNNN
REQUIRE SUPERVISING PROVIDER: NO
PERSON IDENTIFIER TYPE CODE: SOCIAL SECURITY NUMBER (SSN)
NPI ID TYPE CODE: INDIVIDUAL PROVIDER NPI ID: NNNNNNNNNN
NPI ID EDITABLE FLAG: UNEDITABLE LOCATION: JHC-BLUE TEAM
CLINIC ID: JHC-BLUE TEAM DEPARTMENT ID CODE: FAMILY PRACTICE DEPT
DRUG AUTHORIZATION KEY: OXYCONTIN
PROVIDER SPECIALTY(S): (007) FAM PRAC RESIDENT/INTERN W/O LICENSE
PROVIDER SPECIALTY(S): (901) PHYSICIAN ASSISTANT
HIPAA TAXONOMY: 390200000X
HIPAA TAXONOMY: 363A00000X
CCQAS LAST NAME: PROVIDER CCQAS FIRST NAME: WAMC
CCQAS MIDDLE NAME: J CCQAS DATE/TIME OF LAST UPDATE: 25 Oct 2008@025937
CCQAS-CONTROLLED FIELDS: ,.01,.12,.21,8,8002,8015,8147, VERIFIED: YES
ENTERED BY: STEVENS,DELORIS A DATE@TIME ENTERED: 10 Jan 2002@131703
VERIFIED BY: POSTMASTER DATE VERIFIED: 25 Oct 2008@025937
CMAC MODIFICATION DATE: 02 Dec 2010

HCP SIDR ID is system generated based on Primary Medical Specialty and Sequence Number, when Provider Flag = PROVIDER

Inconsistent Medical Specialties entered

- CHCS Fileman (FM)->Inquire to File->Provider File will list details
- Display template [HISTORICAL CAPTIONED will display Audit Trail of changes



Provider File “Team”

- **IMD/Data Admin:**
 - Creates CHCS User Account
 - Assigns CHCS Security Keys (per Staff Role)
- **Credentials:**
 - Creates Provider File Entry in CHCS
 - Enters Medical Specialty/HIPAA Taxonomy
 - Enters Class/Signature Class
- **Clinical/Operations/MCP Network Manager:**
 - Sets PCM Flag
 - Manages PCM Capacity (based on Clinic Input)
- **Clinic Managers/Appt Supervisors:**
 - Clinic Profile Entry/Updates (^CPRO)
 - Provider Profile Entry/Updates (^PPRO)
- **IMD (System Admin, Security and Training):**
 - Security Clearance
 - Network Access
 - CHCS/AHLTA Account Transfer
 - AHLTA/CHCS Training
- **Business Systems (Personnel/MEPRS/DMHRSi):**
 - Provider Type->Skill Type-> Occupation Code
 - Name Match with CHCS (Based on DEERS/CCQAS Provider Name)
 - Pay Grade
 - Location Assigned
- **Locally Developed Form(s) designed and utilized to streamline and standardize processes**





System Access Process

To be completed by person on signature card. Authorizing personnel must <u>initial</u> each account							
NETWORK ACCESS INFORMATION							
<input type="checkbox"/>	PC Login	<input type="checkbox"/>	VPN ACCESS (submit form W380-1d)	<input type="checkbox"/>	DEERS Worldwide		
<input type="checkbox"/>	Outlook	<input type="checkbox"/>	Other (specify) <input type="text"/>	<input type="checkbox"/>	ESSENTRIS		
<input type="checkbox"/>	CHCS (annotate access level below)						
<input type="checkbox"/>	Mailman Menu	<input type="checkbox"/>	Coding Menu	<input type="checkbox"/>	Laboratory Menu *	<input type="checkbox"/>	Emergency Room Menu
<input type="checkbox"/>	Medical Record Tracking Menu	<input type="checkbox"/>	Physician Menu	<input type="checkbox"/>	Social Work Menu	<input type="checkbox"/>	Clerk Front Desk
<input type="checkbox"/>	Mini registration	<input type="checkbox"/>	Results Retrieval	<input type="checkbox"/>	Pharmacy Menu *	<input type="checkbox"/>	OTHER (please specify)
<input type="checkbox"/>	Appointment Booking	<input type="checkbox"/>	Radiology Menu*	<input type="checkbox"/>	PAD Menu	<input type="checkbox"/>	
<input type="checkbox"/>	Nursing Menu (includes Order Entry)		<i>* Strictly for ancillary service employees</i>				
b. Has the employee been trained on CHCS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit training request via WAMC, If YES, location of training <input type="text"/>							
Date of training: <input type="text"/>							
* Note: Supervisor must submit a CHCS profile data sheet to Clinical Operations Division for employees required to have nurse signature class order entry access.							

WAMC FORM 25-1U, MAY 2010 PREVIOUS EDITIONS ARE OBSOLETE WAMC v2.04

- **WAMC Form 25-1U outlines process steps for Security, System Access, User Accounts and CHCS Security Keys, specified by Clinic Administrator/Supervisor**



Best Kept Secret! - OLUM

- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
 - Type OLUM (from any Menu display in CHCS)
 - Select IND to access the OLUM Index
 - Select CHCS Sub-System (Arrow Down to view additional topics)
 - Browse or Find topic of interest such as “Monthly” or “Hospital Location”
- **Does not include recent CHCS updates**



Topics by Sub-System

OLUM INDEX

→	BAS	Basic CHCS Information
	CLN	Clinical
	DTS	Dietetics
	FQA	Facility Quality Assurance
	LAB	Laboratory
	MCP	Managed Care Program
	MM	MailMan User Guide
	MSA	Medical Services Accounting
	PAD	Patient Administration
	PAS	Patient Appointment and Scheduling
	PHR	Pharmacy
	RAD	Radiology
	RIT	Record/Image Tracking
+	WAM	Workload Assignment Module

The CLN volume includes information on:

- Enter/maintain orders, document patient care functions
- Review clinical results/orders, flowsheets and graphs
- Telephone consult, clinical desktop, and more.


Press <F10> to return to the OLUM Menu.

- **Select CHCS Sub-System**
- **Select “Browse” from Action Bar Menu to view documentation and report samples**



Sub-System Topics Index

PAD ONLINE USERS MANUAL INDEX


	1	(204) Clinical Records with Forced (Override) Flag	2.9.13.6.7
	2	(460) No of Dispositions and Days Data by DRG	2.9.13.6.1
+	35	ADT Processing Output Menu	2.4.11
	36	Cancel ADT Transactions	2.4.7
	37	Change Clinical Service	2.4.10
	38	Corrections and ADT View	2.4.8
	39	Disposition option (General Information)	2.4.2
	40	Information Desk Display	2.4.5
	41	Interward Transfer	2.4.3
	42	Projected Disposition	2.4.9
	43	Review Pending ADT Actions	2.4.4
	44	RON Admission	2.4.6
	45	ADT Processing Output Menu	2.4.11
	46	Adm & Disp Recap by PATCAT	2.4.11.1
	47	Admission and Disposition Report	2.4.11.2
	48	Admission by Diagnosis Report	2.4.11.3
	49	Admission Cover Worksheet	2.4.11.4
	50	Admission Notification to Unit	2.4.11.5
	51	Admission Verification Worksheet	2.4.11.19
+	52	Alpha Roster	2.4.11.6

Access text and browse through information.

<Select> = Select item <Return> = Redisplay action bar ? = Help

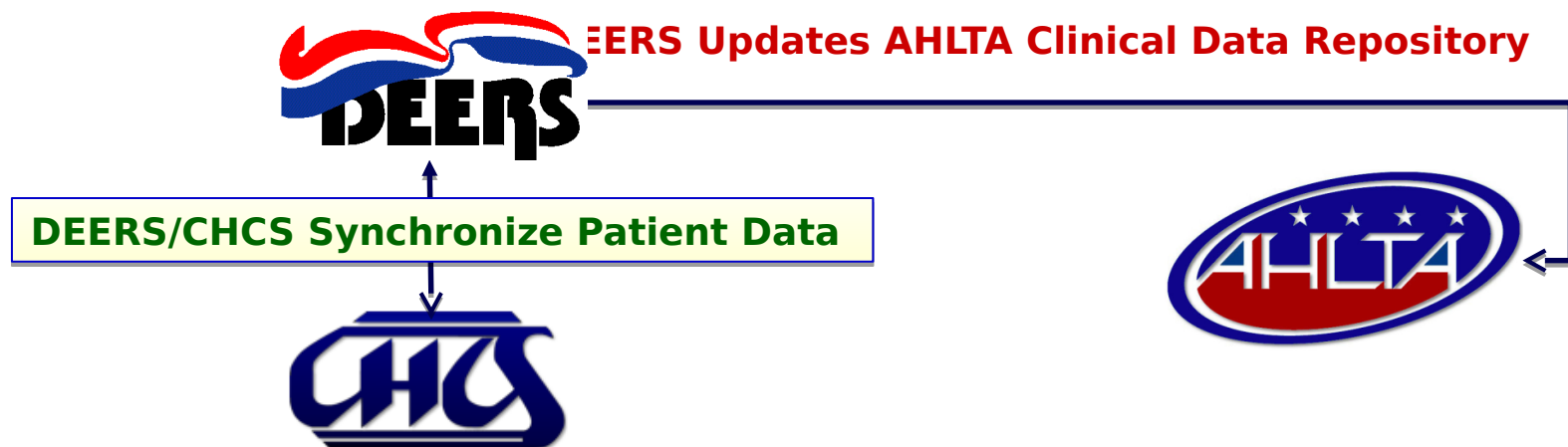


Patient Registration

- **Patient MUST be entered into the CHCS “Host” database to be able to be used in AHLTA or DoD/VA SHARE**
- **CHCS checks to help prevent creation of duplicate patients**
 - Double entry to confirm Sponsor SSN
- **Requires Fileman “&” (Ampersand) key to enter new patients**
- **Allows Pseudo-Individual SSNs (800-YY-MDDD)**
 - Assign responsibility for updating Pseudo SSNs
- **Allows users with Full or Mini-Registration access to update:**
 - Address and Contact Information
 - Outpatient Medical Records Location
 -  - Patient Category – to identify beneficiary relationship to the MHS
 - Station/Unit ID – MTFs can create locality specific Unit ID Table



Patient Registration Flow



- DEERS is considered to be the “gold” standard for Patient Identity and key data elements that uniquely identify a Beneficiary
- When a new patient is being added to CHCS, data from DEERS is downloaded into CHCS
- CHCS Change Package of April 2011, established New Security Keys to prevent Users from by-passing DEERS matching
- Users with the Fileman “&” ampersand key will only be allowed to create new Patient Records, if the patient is found in DEERS, unless they also have the NEW **DG ADD PATIENT** Security Key that allows them to add Patients to CHCS - NOT Found in DEERS



Mini-Registration

Patient: PATIENT,TEST C Mini Registration
FMP/SSN: 20/999-99-9905 DOB: NNFebNN PATCAT: N22 Sex: F

★ Patient: PATIENT,TEST C DOB: NN Feb NNNN ★
PATCAT: N22 (USN RES INACT DUTY TRG) FMP: 20
Home Phone: 910NNNNNNN W: 9109079989 SSN: 999-99-9905 ★
Patient Addr: NNNN WISTERIA LANE Sex: FEMALE ★
City: FAYETTEVILLE St/Cntry: NC Zip: 28314-9212
Sponsor: PATIENT,TEST C Service: NAVY
FMP: 20 Sex: FEMALE Sponsor SSN: 999-99-9905
PATCAT: N22 (USN RES INACT DUTY TRG) DOB: 23 Feb NNNN
Command Sec: Rank: LIEUTENANT COMMANDER ★
Local UIC:
Duty Address:
City: St/Cntry: Zip:
Duty Phone: 9105559989 DSN:

Reg Comment: HIPAA METHOD OF CONTACT - HOME PHONE

- Key person identifier elements “synched” with DEERS are “Locked Down” ★
- MTF Staff are responsible for Patient Category updates for Billing and Workload
- Updates to Demographics and Contact Information MUST be made in CHCS. The updates will then be sent to AHTLA.
- Consider using Home Phone as Preferred Method of Contact



DEERS Address Updates

- **Do not use % * ~ ? [] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **CHCS/DEERS Address Updates:**
 - CHCS requests eligibility data from DEERS, for NEW Registrations
 - Address information from DEERS is downloaded into CHCS
 - A date/time stamp is associated with the address update
 - If the patient is found in DEERS, the DEERS Patient ID is downloaded to the CHCS patient file
 - When the address is updated on CHCS, DEERS is updated, ONLY IF there is a Enterprise Person ID in CHCS
 - When DEERS receives update message, it compares the address update

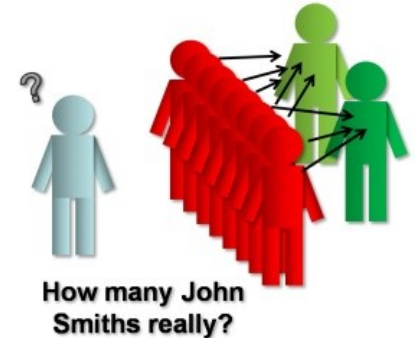
After the initial registration, **CHCS does not automatically update address data from DEERS** unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

User must also have the CHCS **DG Reg Sync Security Key** to synchronize/download DEERS data into CHCS.



Duplicate Patients

- **Duplicate Patient Prevention and Merge processing in CHCS is critical to ensure a single electronic medical record in AHLTA**
- **Frequent causes for duplicate patients in C**
 - Newborns (Twin births)
 - Typographical and/or Transcription Errors
 - Name & Sponsor Changes
 - Pseudo-SSNs (John Doe Registrations)
 - Mail-In Labs (Creates Pseudo Patient Name)
 - Lack of Dual Eligibility Patient Indicator in DEERS/CHCS
- **CHCS Potential Duplicate Patient Search Report identifies potential duplicates for DQMCRL Review List Item C. 2) Item a)**
- **CHCS User Registration Report identifies users requiring additional training to support DQMC Review List C. 2) Item b)**
- **Dedicated MTF POC needed to investigate duplicates and perform patient merges on CHCS**
- **Weekly updates of CHCS Patient Merges submitted to MHS Help Desk for merge processing in AHLTA**





DQMCRL Reporting

- **Run CHCS standard report - "Potential Duplicate Patient Search"**
- **Only CHCS Host MTF platform should report**
- **MTFs on shared CHCS host platforms should report the count for the platform and note that the platform is shared and which MTFs share the platform (list by DMIS ID and DMIS Facility Name)**



Duplicate Patient Reporting Menu, Security Keys and Report Samples (See Back-up Materials)



Risk and Prevention

- **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- Pharmacy Data Transaction System (PDTs) may miss critical Drug-Drug checks
- Important clinical history may not readily visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA – Appears to the Provider as “Orders NOT Writing Back to CHCS”

- **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card (DoD ID#)
- First Initial of Last Name + Last 4 Sponsor SSN -> C
- Partial Name -> COLON,C (Comma,NoSpace)
- Last Name+Last 4
- Full Patient (Individual) SSN -> 123441234
- Hyphenated Last Names (No Hyphen)





Enrollment Processing

- **Interface between CHCS/DEERS supports TRICARE Managed Care Enrollments for TRICARE Prime MTF Enrollees**
- **When key data elements or Sponsor data does not match between CHCS/DEERS, an error or discrepancy will be reported**
- **Enrollment data errors potentially impact successful updates:**
 - New Enrollments
 - Enrollment and PCM Transfers
 - Family Member Enrollments
- **MTFs are not credited with the enrollment if there is an enrollment error and the enrollment is not valid in DEERS**
- **Enrollment error Network Consult impacting Patient Care**



delays in TRICARE g processed -



Call in the "PIT" Crew!!!

NED Discrepancy Report						
Report Run Date:		17-Jan-12				
Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
6992		ACTIVE DUTY NAVY	Navy	0	Overseas	17,981
69		KIMBROUGH AMB CAR CEN-FT MEADE	Army	17	North	2,157
67		WALTER REED NATL MIL MED CNTR	Navy	17	North	1,306
124		NMC PORTSMOUTH	Navy	17	North	1,290
60		BLANCHFIELD ACH-FT. CAMPBELL	Army	17	North	1,130
118		NHC CORPUS CHRISTI	Navy	18	South	1,089
62		2nd MED GRP-BARKSDALE	Air Force	18	South	707
39		NH JACKSONVILLE	Navy	18	South	595
29		NMC SAN DIEGO	Navy	19	West	592
104		NH BEAUFORT	Navy	18	South	552
56		FHCC-FORMERLY NHC GREAT LAKES	Navy	17	North	519
79		99th MED GRP-O'CALLAGHAN HOSP	Air Force	19	West	415
612		BRIAN ALLGOOD ACH-SEOUL	Army	14	Overseas	384
306		NHC ANNAPOLIS	Navy	17	North	354
91		NH CAMP LEJEUNE	Navy	17	North	331
24		NH CAMP PENDLETON	Navy	19	West	312
109		SAN ANTONIO MMC-FT. SAM HOUSTN	Army	18	South	289
86		KELLER ACH-WEST POINT	Army	17	North	281
3		LYSTER AHC-FT. RUCKER	Army	18	South	268
117		59th MED WING-LACKLAND	Air Force	18	South	258
89		WOMACK AMC-FT. BRAGG	Army	17	North	246

Source:

TRICARE Operations Center http://mytoc.tma.osd.mil/Front_pageA.html

NED Discrepancy - Patient Information Transfer (PIT) Summary



Time for a Break...





Visit Criteria ???

- **MEPRS Workload Reporting guidelines establish the definition for:**
 - » "COUNT" Visits
 - » "NON-COUNT" Visits
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
 - » 1. Interaction between patient and healthcare provider
 - » 2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
 - Examination
 - Diagnosis
 - Counseling
 - Treatment
 - » 3. **Documentation**

Focus has shifted from Counting "Visits" to Measuring Work/Services Provided



Workload Assignment

- **Workload Reports:**

- World-Wide Workload Report (WWR)
- WAM/EAS (Cost Accounting)

- » **Workload Assignment:**

- DMIS ID Group Parent->Treating MTF DMIS ID
- Only COUNT Visits are reported as Visit Workload
- 4th Level MEPRS Code (Functional Cost Center - FCC):
 - » Inpatient - "A" Level FCCs
 - # Admissions/Dispositions and Occupied Bed Days
 - » Outpatient - "B" Level FCCs and (Dental - "C" Level FCCs)
 - # COUNT Visits
 - » Special Programs - "F" Level FCCs (FBN* Hearing Conservation)
 - # COUNT Visits
- Patient Category (Rolls up to Beneficiary Category)
- Patient Status (Inpatient/Outpatient)
- Appointment Status (KEPT, S. CALL, WALK IN, or T



WWR COUNT Visits

1QTRtblWWRData.xlsx							
	A	B	C	D	E	F	G
1	WWR TOTALS BY YEAR						
2							
3		ReportYear	Values				
4		09	10	11			
5	ClinicService	Sum of OPV	Sum of IPV	Sum of OPV	Sum of IPV	Sum of OPV	Sum of IPV
80	BHDI	69	0	97	0	109	0
81	BHDN	189	0	209	0	170	0
82	BHEA	1,205	20	1,200	42	1,114	29
83	BHFA	5,768	3	4,207	2	3,545	4
84	BHFC	9,398	2	9,633	1	10,307	2
85	BHGA	5,409	0	8,213	0	9,337	0
86	BHGQ	848	0	622	0	536	0
87	BIAA	54,986	8	39,471	3	63,044	0
88	BJAI	576	0	601	0	91	0
89	BJAN	324	0	351	0	71	0
90	BLAA	44,809	1,026	57,656	1,482	51,571	1,875
91	BLAR	12,325	0	17,846	0	23,576	0
92	BLBA	15,598	626	16,150	829	17,374	874
93	FBNI	7,426	0	8,944	0	2,150	0
94	FBNN	5,881	0	7,307	0	2,311	0
95	Grand Total	936,142	4,839	1,008,974	8,239	1,010,800	6,968

Source: CHCS Worldwide Workload Report (Outpatient and Inpatient Visits)

* Only includes COUNT Visits for B*** and FB**



Inpatient Visits

WALK-IN SEARCH CRITERIA

Patient: HEALTHE,YOU

Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC

Clinic Phone:

Provider: QQQCHCSIITEST,BRAGGDOCA

Detail Codes:

Time Range: 0950 to 0950

Dates: 14 Feb 2010 to 14 Feb 2010

FMP/SSN: 30/800-11-2255

ATC Category:

Appt Type: ACUTE APPT

Duration:

Srv Type:

Days of Week:

This is an inpatient.

Are you from the attending service? No//



- **Both CHCS and AHLTA will prompt:**
 - (CHCS) Are you from the attending service? No//
 - (AHLTA) Related to Inpatient Stay?:
- **Allied Health Providers-> Accept CHCS default**
- **Consulting Providers-> Accept CHCS default o**
 - The Visit will be a COUNT and assigned to a "B"
- **Only the Attending Clinical Staff of the Same Clinical Service should answer "YES"**





AHLTA Inpatient Prompt

1. New Unscheduled Appointment/Telcon Visit

5. Patient found as InPatient(MEPRS Code:YYA) Change Pa...

2. Date & Time: 04 May 2011 1232

3. Assigned Clinic: QQQCHCSIITESTBRAGG CLINIC(BTST) Provider: COLO

Appointment Type:
ACUTE APPT (ACUT) 15
ESTABLISHED/FOLLOW UP APPT (EST\$) 20
GROUP APPT WITH MULTIPLE PTS (GRP) 62
ROUTINE APPT (ROUT) 20
TELEPHONE CONSULT (T-CON*) 30

Appointment Classification:
☐ Outpatient
☒ Inpatient

Observation:
☐ Observation

Meet Appt Visit Criteria (Workload)?
☒ Yes
☐ No

USV Type:
☒ Walk-In ☐ Sick Call

Related to Inpatient Stay?
☐ Related to Inpatient Stay?
☐ Related to Injury/Accident?

Call Back Number:

Reason for Appointment: Test of Inpatient Visit

Urgency:
☐ High
☐ Medium
☒ Low

Comments:

3. **Related to Inpatient Stay?**
the care for this visit being delivered under the same clinical specialty to which the patient was admitted (i.e. is the outpatient visit associated with the patient stay)?

4. Yes **No**

5. OK Cancel

1. Note: Patient found as Inpatient (MEPRS YYA)
2. Leave Blank
3. Pop Up Message will then be displayed
4. Click No - "The Visit is NOT associated with the inpatient stay..."
5. Visit/Encounter will then be credited to the Assigned "B" Clinic



Workload Comparisons

- The **COUNT/NON-COUNT Visit Workload Flag** impacts the comparison of Outpatient workload data in the following sections:
 - **DQMCRL Section C. 9. a) and c)**
 - # of CAPER encounters* / # of KEPT Appointments
 - # of MEPRS Visits / # of KEPT Appts (COUNT Only)
 - users to change the Workload Flag (COUNT/NON-COUNT in EOD)
 - A daily file from CHCS Patient Appointment File (based on End of Day Visit processing) is sent to M2 to forecast the number of CAPER Encounters - "I" Inferred Encounters
 - Daily Appointment file sent to M2 also includes COUNT and the NON-COUNT Workload Flag



Inpatient Admissions

- **CHCS is the source system for Inpatient Admissions, Transfers and Dispositions:**
 - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
 - Day of Admission is always equal to an OBD, even if the Admission is less than 24 Hours, unless the patient is a Transfer In and Out the same day
 - Day of Discharge is not counted as an OBD for Workload or Billing
 - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
- **Inpatient Coding:**
 - ICD-9 Codes used to capture both Diagnosis and Inpatient Procedures
 - NATO STANAG (2050) for Cause of Injury Coding
 - Diagnosis Related Grouping (Inpatient CCE – MS-DRG Grouping)



Attending RNDS*

- **Current Attending Provider and Clinical Service used to create Inpatient Professional Services Record (IPSR RNDS*) in CHCS Ambulatory Data Module (ADM)**
- **The RNDS* Encounter is used to capture the Inpatient Professional Services of the Attending Provider**
- **RNDS* Encounters are completed in ADM:**
 - ICD-9 Diagnosis
 - CPT Procedures (Including Evaluation & Management Codes)
- **RNDS* Encounters not completed within 30 days are automatically Cancelled by CHCS**
- **Monitor that Providers DO NOT CANCEL RNDS* in AHLTA**
- **Recommend that the 99499 “Placeholder” be entered for RNDS*, if there is no E&M Service**
 - RNDS* are NON-COUNT and do not require an E&M Code if there is a CPT Code entered



Corrections Management

- **Correction Management allows corrections to:**
 - Inpatient Clinical Service ("A" Level FCC)
 - Admission-Disposition Date/Time -> Occupied Bed Days
 - Inpatient Patient Category used for Workload and Billing
 - Recalculates OBDs for Inpatient workload reporting and MSA Inpatient billed charges
 - Does not support corrections to Ancillary Requesting Locations
 - **DG CORMAN** Security Key provides ability to change Admissions data, including Patient Category and Bed Days to recalculate MSA Billed Charges
 - Corrections Management Security Key should be limited to PAD Supervisory Staff



Corrections Management

Patient: BXXXX,XXXXX
FMP/SSN: 20/XXX-XX-XX22 DOB: XXFebXX PATCAT: A31 Sex: M VIEW ADT

TYPE	DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS
ADM	14Aug11	2030	AAAA	AAHA	ICU2W	3	Reg# 1306883 (T) ERA
WRD	17Aug11	1316	AAAA	AAAA	4SMED	3	Interward transfer
DSP	20Aug11	1340					Disp type: HOME
							Bed days=6
							Sick days=6

- **Corrections Management ONLY supports Inpatient data:**
 - Patient correctly admitted to AAAA with the system capture of an ICU (AAHA) Location, based on Hospital Location File and Table
 - AAAA is the Referring MEPRS (R-MEPRS) for Occupied Bed Days
 - Dispositioned from the Referring FCC and Acute Care Ward
 - SIDR and WWR will contain OBDs for “A” Level ICU FCCs, however WAM/EAS will include these OBDs as R-MEPRS
 - IPSR/RNDS* created by CHCS ADM will use the current Clinical Service or R-MEPRS for the RNDS* Encounter
 - IPSRs are assigned to the R-MEPRS not “A” Level ICU FCCs



Inpatient Data Extract

- **Inpatient data is reported in Standard Inpatient Data Record (SIDR)**
- **The SIDR is an ASCII Batch extract file of patient level Admissions data, generated monthly by CHCS:**
 - Army MTFs also create in interim monthly SIDR – “D” Records Only
 - “D” Records contain a Final Assigned DRG
- **Key SIDR data elements include:**
 - Treatment MTF DMIS ID
 - Admission/Disposition Dates
 - Source of Admission/Type of Disposition
 - ICD-9-CM Diagnosis & Procedure Codes
 - MS-Diagnosis Related Group (DRG) and Weight
 - Patient Demographics (including Patient Category and Enrollment)
 - Age at Admission
 - Occupied Bed Days per Clinical Specialty (4th Level FCC)
 - Intensive Care Unit (ICU) Days
 - MEPRS Code of the Referring Clinical Specialty for ICU Care



■ **See Notes view for SIDR Record Status**



SIDR Status

SIDR Days Summary							SIDR Avg Days				
As of 17 Jan @1400 Data Source: CHCS Patient File											
DC FY	FY-12						DC FY	FY-12			
SVC	(All)						SVC	(All)			
CLN SVC ADMIT	(All)						CLN SVC ADMIT	(All)			
							SIDR VERSION	(Multiple Item)	<- 1+ = Previously Transmitted SIDRs		
Count of REG NBR							Values				
DC MO	CODING	MET	NOT MET	Blank	Grand Total	% Met	DC MO	CODING	SIDR STATUS	Avg Coding Days	# Dispos
Oct-11	Approved	16	968		984	1.6%	Oct-11	Approved	Force Transmitted	44.7	48
	Not Coded			1	1				Incomplete	57.9	3
	Cancelled			15	15				Transmitted	46.2	933
Nov-11	Approved	946	53		999	94.7%	Nov-11	Not Coded	Incomplete		1
	Not Coded			4	4			Approved	Force Transmitted	25.6	30
	Cancelled			5	5				Incomplete	38.7	4
Dec-11	Approved	357	12		369	96.7%	Dec-11	Released to A&D	23.4	1	
	Not Coded			4	4			Transmitted	23.6	964	
	Cancelled			3	3			Not Coded	Incomplete		4
Grand Total		1,319	1,033	32	2,384		Grand Total			33	2,360

Notes

- High # SIDR Not Met Expected during each FY due to delays in receiving updated ICD-9 and DRG tables.

Notes

- High # SIDR Not Met Expected during Qtr each FY due to delays in receiving updated ICD-9 and DRG tables.
- FY10 ICD-9/MS-DRG Table updated 16 Jan 2010
- FY11 ICD-9 and DRG Table updated 19 Oct 2010
- FY12 ICD-9 and DRG Table updated 19 Nov 2011
- Pre-Coding FY12 Admissions in CCE, reduced Catch-Up Time to transmit SIDRs

Source: Ad-Hoc CHCS Patient File



MS-DRGs in 2009

- **MHS transitioned from CMS Diagnosis Related Groups (DRGs) to Medicare-severity DRGs**
- **Expands # of DRGs from 538 to 745**
- **Caution when pulling 2009 data by DRG from CHCS!!! Recommend using M2**
- **Some CMS DRGs now have a completely different description and weighted value**
- **Examples:**

373 (CMS DRG) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
 (MS-DRG) MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS

376 (CMS DRG) POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
 (MS-DRG) DIGESTIVE MALIGNANCY W/O CC/MCC

378 (CMS DRG) ECTOPIC PREGNANCY
 (MS-DRG) G.I. HEMORRHAGE W CC

379 (CMS DRG) THREATENED ABORTION
 (MS-DRG) G.I. HEMORRHAGE W/O CC/MCC



Source: Ad-Hoc CHCS Patient File with `Encounter ID Extra to join DRG and weighted value



DQ Process Key Points

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

Clinical (CHCS/ADM & AHLTA)

7. Clinic & Provider Profiles (Specialties & Workload Flags)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

6. CHS Capture (DD)

11. Ancillary Order

Be Prepared for the "Duration"... Data Quality is not at One-Time Effort...



It Takes a Team!

- 1. Workload Reconciliation and Coding Compliance Review/Audit**
- 2. Database Administration (Files & Tables)**
- 3. Interface Error Management**
- 4. Data Needed for Operational Assessments and DQMCRL**
- 5. Staff Training and User Access Management**
- 6. Trouble Shooting and Trouble Ticket Reporting**

